

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/616,813**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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148							198						
149							199						
150							200						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	6						TOTAL CLAIMS						